U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

·	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Charles B Inge	Name MLBPA		
	Labor Organization File Number 064-727		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street c/o W & G, 1200 Tices Lane	Street 12 East 49th Street		
City East Brunswick	City New York		
State NJ ZIP Code + 4 08816	State NY ZIP Code + 4 10017		
5. Position in labor organization. Union Player Represent	ative		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Sireet	r.o., Altourit.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete).	Perjury and other applicable penalties of the law, that all of the information		

Telephone Number

Name of Person Filing Charles B. Inge		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the c	wise dealing with the business rely seeking to represent, or irectly to, or otherwise				
8. Name and address of Business (including trade name, if any).  Name Nike USA, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Bowerman Drive  City Beaverton  State OR ZIP Code +4 97005	9. Business deals with:  X a. Labor Organization b. Trust c. Employer	on			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	J.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MLBPA License				
Street	B parameter comparative per among a care of non-state of the control of the contr				
City	11.b. Approximate dollar value	One poly of the state of the st			
State ZIP Code + 4	12.a. Nature of interest held.  Payment for	Product Endorsement			
	12.b. Amount.	\$1.429.03			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	pour cepture de la participa de la participa de la compansión de la compan			
(including trade name, if any).  Name  Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
Andrew An	14.b. Amount of payment.				

Name of Person Filing Charles B. Inge	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Donruss Playoff, LP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2300 E. Randol Mill Road  City Arlington  State TX ZIP Code +4 76011	9. Business deals with:  X a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	M.BPA Licensee			
Street	11.b. Approximate dollar value of such dealing.	\$5,750,369.64		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Payment for Autographing	Baseball Cards		
	12.b. Amount.	\$5,000		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	That Nation we distribute and which is much worse success an analysis of some tensor no wife.		
Name Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	garante en manda de m		

Name of Person Filing Charles B. Inge		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name The Topps Company, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Whitehall Street  City New York  State NY ZIP Code +4 10004-2109	9. Business deals with:  A. Labor Organizat  b. Trust  c. Employer	ion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing				
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MLBPA License	<b>:</b>			
Street	11.b. Approximate dollar valu	e of such dealing. \$4,832,269.48			
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Baseball Card	Endorsement Income			
	12.b. Amount.	\$575			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street					
City State ZIP Code + 4					

## CHARLES B. INGE

## **LM 30**

## **ADDENDUM**

In 2004, I received endorsement income from two businesses that, insofar as I know, do not do business with the MLBPA, but may do business with one or more Major League Baseball Clubs and/or with Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the Clubs and/or with Major League Baseball that those commercial dealings represent a "substantial part" of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation, I am stating below the amount of endorsement income I received from each of these businesses in 2004:

Wilson Sporting Goods Co. \$8,800

Franklin Sports, Inc. \$7,000